

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/21/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2010
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FT SANDERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the integrity of the 1-hr fire rated smoke barriers is maintained, including penetrations sealed with approved firestop systems (NFPA 101, 2000 Ed., 8.2.3.2.4.2).</p> <p>The findings include:</p> <p>Observation and interview with the maintenance staff on October 18, 2010, between 10:00 a.m. and 1:00 p.m., confirmed unsealed penetrations, penetrations covered with unapproved materials, and open sections in three of six 1-hr fire rated smoke barriers, above the lay-in ceiling, in the following locations: at the cross corridor doors near room 303, the resident room toilet 303, at the cross corridor doors near room 204, the resident room toilets 203 and 204, and resident room 104 toilet.</p>	K 025	<p>1. Bittle & Sons contractor will complete needed repairs in all identified areas. Work will be performed to UL wall assembly standards and UL approved firestop systems.</p> <p>2. Current facility maintenance staff will conduct center wide inspections to ensure no other penetrations exist.</p> <p>3. Annual checks will be coordinated by the Maintenance Director to ensure that all fire rated smoke barriers are intact.</p> <p>4. Continued PM schedule will be monitored by the dept. director. Contractor was already on site the day of Survey working on identified repairs. The Contractor did provide the center written material about UL approved products used for repairs.</p>	<p>11/5/10</p> <p>11/3/10</p> <p>11/3/10</p> <p>11/5/10</p>
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour</p>	K 029	See page 2 of 3 for K 029	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Douglas S. Ford

N.H.A.

11/2/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029	Continued From page 1 fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the door for the room enclosure of a hazardous area is self-closing or automatic closing. The findings include: Observation on October 18, 2010, 12:45 p.m., revealed the door to the medical records room on the ground floor was not provided with a self-closing or automatic closing device. The observation was acknowledged by the Administrator during the exit discussion in his office, with the health surveyor team leader in attendance, on October 18, 2010, at 1:30 p.m.	K 029	K029 1. Door closure will be placed on Medical Records door. 2. One other records storage room was identified by Maintenance Director in the Ground Floor Conference Room. A door closure was placed on door. 3. Center was unaware of new requirement and information was shared with Regional Health Information staff. 4. Monitoring of door closure will be conducted by Health Information Dept. Head.	10/29/10 10/25/10. 10/29/10 10/29/10	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure the adapters and extensions cords meet the	K 147	See page 3 of 3		

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K 147	Continued From page 2 requirements of the NFPA 99 Standard for Health Care Facilities, 1999 Edition (7-5.1.2.2, 7-5.1.2.6, 9-2.1.2.2) and extension cords are not used in place of the fixed wiring of the structure (NFPA 70, 1999 Ed., 400-8). The findings include: Observation and interview with the maintenance staff on October 18, 2010 between 8:15 a.m. and 1:00 p.m., confirmed extension cords without overcurrent protection were found in the resident rooms 132 and 217 as well as in use for a cooking appliance under the hood in the kitchen. Observation and interview further confirmed two multiplug adapters without overcurrent protection in resident room 311 and one multiplug adapter without overcurrent protection in resident room 131.	K 147	K147 1. Cord in 217 was removed. The cord in 132 was replaced with appropriate over current protection cord. The kitchen cord was replaced with a permanent hard wired receptacle by Besco Electric Company on 10/25/10. The cords in rooms 311 and 131 were removed on date of Survey. 2. No other cords were found by Maintenance staff 3. Continued room checks during regular PM inspections 4. The Maintenance Dir. will monitor existing PM program and verbally inservice maintenance personnel on policy.	10/18/10 10/20/10 10/20/10 10/20/10	

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